Covington Independent Public Schools
Early Entrance Request Form (Kindergarten)

Complete this application if you feel your child demonstrates academic achievement, social, emotional and physical maturity appropriate for early placement in school. **This request, along with the Consent to Screen form, must be delivered to the Elementary Director, 25 East 7th Street, Covington, KY 410141 by June 15 of the proposed entry year.**

Child's Name: _____
LAST FIRST MI

Date of Birth _____/_____/_____ Gender: _____ Male _____ Female

Address: _____
STREET CITY STATE ZIP

Parent/Guardian Name (s): _____

Phone Numbers: _____ _____ _____
HOME CELL WORK

Email Address: _____

Home Language Survey

What language did your child learn when he or she first began to talk? _____
What language is the most frequently spoken at home? _____
What language does your child most frequently speak at home? _____
What language do you most frequently speak to your child? _____

Preschool Experience

List the nursery schools, daycare centers, Head Start or other early childhood programs attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of School/Program	**Dates of Attendance**	**# Hours/week**
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

Why do you believe your child should be granted early admission to kindergarten? Be specific and comment on your child's social behavior and academic skills. (Attach up to one additional sheet if needed)

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date